

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

2002 — 02 —

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2002

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$300,000b. FFY 2003 \$400,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, page 2b.8

Attachment 3.1-B, page 2b.8

Attachment 4.19-B, page 3.7\*

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

School-based Behavioral Services by County Health Departments

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mr. Bob Sharpe

14. TITLE:

Deputy Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Mr. Bob Sharpe  
Deputy Secretary for Medicaid  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop # 20  
Tallahassee, 32308

Attn: Wendy Johnston

FOR REGIONAL OFFICE USE

17. DATE RECEIVED:

March 29, 2002

18. DATE APPROVED:

June 5, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2002

21. TYPED NAME:

Eugene A. Crasser

23. REMARKS:

\*State Agency authorized "pen and ink" change to show addition of this page.

## EARLY AND PERIODIC SCREENING AND DIAGNOSIS OF INDIVIDUALS UNDER 21 YEARS OF AGE, AND TREATMENT OF CONDITIONS FOUND:

### REHABILITATIVE SERVICES

#### School-Based Behavioral Services by County Health Departments

County Health Departments will provide behavioral services that are not reimbursable under the clinic services program, only on the school campus and in the student's home. Behavioral services under the rehabilitative services program include the behavioral health students require while they are in the school or in school home-bound programs.

Behavioral services are diagnostic testing or active treatments to be rendered with the intent to reasonably improve the individual's physical or mental condition or functioning. Services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice, per 42 CFR 440.130. All requirements of 42 CFR 440.130 will be met.

Behavioral services are intervention services that focus on treatment. Behavioral services may include testing and evaluation that apprise cognitive, emotional and social functioning and self-concept; interviews and behavioral evaluations including interpretations of information about the individual's behavior and conditions relating to functioning; therapy, including providing a program of behavioral services for the individual with diagnosed behavioral problems; unscheduled activities for the purpose of resolving an immediate crisis situation; and other medically necessary services within the scope of practice. Behavioral services may be provided in either an individual or group setting.

County Health Departments will be the Medicaid pay to provider of services provided in the school setting with treating providers either employed or individually contracted. Treating providers of behavioral services must have at a minimum a Master's degree in social work from an accredited college, and work under the supervision of a licensed clinical social worker (LCSW) as required by Florida Statutes in order to obtain the work experience necessary for licensure or certification. The state agency will require County Health Departments to verify that school-based treating behavioral services providers meet provider requirements. The state Medicaid agency will require an agreement with each County Health Department to this effect and will monitor this factor. Behavioral services providers should have experience in providing services in school settings to Medicaid eligible children and must establish linkages in order to coordinate and consult with school authorities, as well as families, to assess a child's needs and identify treatment options.

Employees of the Health Department providing behavioral health services in schools will not duplicate services provided by school district employees. Health Department staff will provide services only when the need of the student exceeds the level of staff employed by the school district or is not available from school district staff.

Health Department social workers (MSW and LCSW) will provide services to all Medicaid eligible students in the school setting who are in need of such services.

Amendment 2002-02  
Effective 7/1/02  
Supersedes NEW  
Approval Date JUN 06 2002  
Revised Submission May 30, 2002  
Revised Submission June 3, 2002

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## METHODS USED IN ESTABLISHING PAYMENT RATES

## REHABILITATIVE SERVICES: (Continued)

School-Based Behavioral Services by County Health Departments

The reimbursement will be determined by the state agency and will not exceed the upper limits established through the application of the parameters of 42 CFR 447.304. County Health Departments are reimbursed the lower of the state's fee or their charge for the procedure code billed. There is an established fee schedule for the services.

The reimbursement rate for behavioral services will be based on 15 minute time units of service, with different rates established for individual or group services. The group rate will be lower than the individual rate to reflect the lower cost of providing the service per student. A maximum group size of six (6) students with a minimum service time of thirty (30) minutes is required for group therapy services.

County Health Departments will certify quarterly that they have expended public funds needed to match the federal share of their claims for services included in the State Plan provided to eligible recipients during the quarter. Certified expenditures are separately identified and supported in the County Health Department's accounting systems.

Managed Care Plan' capitation rates do not include payments to County Health Departments for school-based behavioral services. The state provides assurance that for County Health Departments participating in the certified payment system, Managed Care Plans' capitation rates do not include service payments and that no duplication of payment will occur.

It is normal procedure to seek reimbursement from liable third parties. Medicaid third party information is included on the recipient file and when liable, third parties are automatically billed for services provided and the claims cost avoided.

Billable activities include: Case consultation, evaluation, and testing of the individual, therapy and counseling services with the individual, including face-to-face, collaborative, consultative, and crisis interventions. Behavioral services may be provided in either an individual or group setting.

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Supersedes NEW

Approval Date **JUN 06 2002**  
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